* Building technical and managerial capacities for programme implementation through Surveillance, Training, Monitoring and Evaluation, Technical Resource Groups, Operational Research and Programme Management.

(c) Government has initiated research through ICMR for development of preventive vaccine(s) against HIV. The tripartite agreement between the National AIDS Control Organisation, the Indian Council of Medical Research and International AIDS Vaccine Initiative (IAVI) was signed on 19th February 2001 for developing and evaluating vaccines.

Phase One trials of an-Adeno-Associated Virus-based vaccine was initiated on February 7,2005 at National AIDS Research Institute (NARI), Pune.

(d) The completion of phase I, II and III trails may take about seven years. Only after successful trials of the effectiveness of the vaccine it can be considered for introduction in the programme.

Criteria to Open Health Sub-Centres

t1914. SHRIMATI MAYA SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether population is the criteria for opening health sub-centres for providing primary health facilities in the country and if so, the number of such health sub-centres in the States that are required to be opened on the basis of 2001 census;

(b) if so, the number of health sub-centres required in Madhya Pradesh on the basis of 2001 Census and the actual number thereof at present; and

(c) by when such health sub-centres would be sanctioned for the State on this basis?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) Yes, Madam. A Sub-centre is opened for a population of 5000 in the plain areas & 3000 in Tribal/hilly/difficult areas. According to 2001 population norm there is a shortage of 21983 Sub-centres in the country.

†Original notice of the question was received in Hindi.

The number of sub-centres functioning in the State of Madhya Pradesh as on September, 2004 are 8835 as against the requirement of 10402 Sub-centres leading to shortfall of 1.67 Sub-centres as per 2001 population norm.

(c) Recently launched National Rural Health Mission (NRHM-2005-2012) proposes to sanction new Sub-centres as per 2001 population norm.

Procedure for giving permission for clinical trails

1915. SHRIMATI BRINDA KARAT: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether multinational companies conducting clinical trails in India require permission from the Drug Controller of India;

(b) if so, whether such permission is being granted by the Drug Controller; and

(c) what are the reasons behind amendment of Schedule 'Y' of the Drugs and Cosmetics Act, made in January, 2005?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b)Yes, Sir.

(c) The main reasons behind amendment of Schedule 'Y' are:—

1. To update the clinical trial norms in the country to that of contemporary norms.
2. To protect the interests of clinical study subjects.
3. To ensure quality/integrity of clinical trial data.

Retirement age of doctors

1916. SHRI AMAR SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have decided to increase the retirement age of the doctors and if so, the details thereof; and

(b) whether suggestions have been sent to the State Governments in this regard and if so, the names of States which have agreed to raise the retirement age?